

EXHIBIT 10

Beth McCullough

From: Greer, Marcy <marcy.greer@nortonrosefulbright.com>
Sent: Tuesday, January 21, 2014 4:10 PM
To: Gerard Stranch; Matt H. Cline; Kimberly A. Dougherty; Mark Zamora; Ben Gastel; Puig, Yvonne K.; Hoffman, Eric; Jay Blumberg
Cc: Chris J. Tardio
Subject: RE: Meet and Confer Conference
Attachments: NECC Plaintiff_s Fact Sheet.docx

Here is the latest draft with the highlighted language we discussed. Thanks!

Marcy

Marcy Hogan Greer | Partner
Fulbright & Jaworski LLP
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Our website and email addresses have changed-please update your records accordingly.

-----Original Message-----

From: Gerard Stranch [mailto:gerards@branstetterlaw.com]
Sent: Tuesday, January 21, 2014 11:02 AM
To: Matt H. Cline; Kimberly A. Dougherty; Greer, Marcy; Mark Zamora; Ben Gastel; Puig, Yvonne K.; Hoffman, Eric; Jay Blumberg
Cc: Chris J. Tardio
Subject: RE: Meet and Confer Conference

Right now

1-866-528-2256
4421223#

-----Original Message-----

From: Matt H. Cline [mailto:matt@gideoncooper.com]
Sent: Tuesday, January 21, 2014 10:55 AM
To: Kimberly A. Dougherty; Greer, Marcy; Mark Zamora; Ben Gastel; Puig, Yvonne K.; Hoffman, Eric; Jay Blumberg; Gerard Stranch
Cc: Chris J. Tardio
Subject: RE: Meet and Confer Conference

All,

Is the call at 11 a.m. CST or 2 p.m. CST today? We have heard conflicting times. And, are we using the same dial-in number?

Thanks.

Matt

Matthew H. Cline
Gideon, Cooper & Essary, PLC
Regions Center, Suite 1100
315 Deaderick Street
Nashville, TN 37238
Phone: (615) 254-0400
Fax: (615) 254-0459
matt@gideoncooper.com

-----Original Message-----

From: Kimberly A. Dougherty [mailto:KDougherty@myadvocates.com]
Sent: Thursday, January 16, 2014 12:59 PM
To: Greer, Marcy
Cc: Mark Zamora; Ben Gastel; Chris J. Tardio; Matt H. Cline; Puig, Yvonne K.; Hoffman, Eric
Subject: RE: Meet and Confer Conference

You're welcome. I just forwarded it to Jay.

Best, Kim

Kim Dougherty, Esquire
Janet, Jenner & Suggs, LLC
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Suite 365
Boston, MA 02116
(617) 933-1265
kdougherty@myadvocates.com
www.myadvocates.com
*** PLEASE NOTE OUR NEW ADDRESS

-----Original Message-----

From: Greer, Marcy [mailto:marcy.greer@nortonrosefulbright.com]
Sent: Thursday, January 16, 2014 1:51 PM
To: Kimberly A. Dougherty
Cc: Mark Zamora; Ben Gastel; Chris J. Tardio (chris@gideoncooper.com); Matt H. Cline (matt@gideoncooper.com); Puig, Yvonne K.; Hoffman, Eric
Subject: Re: Meet and Confer Conference

Thanks for sending. We will review. Please send a copy to Jay Blumberg as well. I think he wants to be in the loop on these matters. Thanks!

Sent from my iPhone

On Jan 16, 2014, at 11:17 AM, "Kimberly A. Dougherty"
<KDougherty@myadvocates.com<mailto:KDougherty@myadvocates.com>> wrote:

Marcy, et al.,

Attached is the Profile Form I referenced entered by Judge Woodlock in the U.S. D.Mass. in November 6, 2013.

Best, Kim

Kim Dougherty, Esquire
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*** PLEASE NOTE OUR NEW ADDRESS

From: Greer, Marcy [mailto:marcy.greer@nortonrosefulbright.com]
Sent: Wednesday, January 15, 2014 9:20 PM
To: Mark Zamora; Kimberly A. Dougherty; 'Ben Gastel'
Cc: Chris J. Tardio (chris@gideoncooper.com<mailto:chris@gideoncooper.com>); Matt H. Cline
(matt@gideoncooper.com<mailto:matt@gideoncooper.com>); Puig, Yvonne K.; Hoffman, Eric
Subject: RE: Meet and Confer Conference

Dear Mark, Kim, and Ben-attached is a combined response from the Saint Thomas Entities and the STOPNC defendants to your proposal for the fact/profile sheet in redline against our prior proposal. We should be circulating the depo protocol tomorrow morning, and each of us will submit a response to the ESI protocol. We understood from the status conference and our meeting afterward that you were working on a draft of the discovery plan that Judge Saylor has requested. When do you think you will have a draft to circulate?

Thanks and have a lovely evening!

Marcy

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Fulbright & Jaworski LLP
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From: Ben Gastel [mailto:beng@branstetterlaw.com]
Sent: Wednesday, January 15, 2014 10:18 AM

To: Kristen Johnson Parker; Alan Winchester; Brady Hermann; Daniel M. Rabinovitz; Daniel Tranen; Frederick H. Fern; Geoffrey M. Coan; Heidi A. Nadel; Jeffrey Sternklar; Jessica Saunders Eichel; Joseph P. Thomas; Joshua A. Klarfeld; Judi Abbott Curry; Matthew E. Mantalos; Matthew P. Moriarty; Melinda L. Thompson; Michael Gottfried; Nicki Samson; Paul Moore; Paul Saltzman; Richard A. Dean; Robert A. Curley , Jr.; Ryan Ciporkin; Scott H. Kremer; Scott J. Tucker; Thomas W. Coffey; Adriana Suarez Desmond; Amy Mione; Anne Andrews; David Molton; Greg Skikos; Harry Roth; Honor Heath; Jessica Conte; Jim Stoll; John Thornton; Karen Schaeffer; Marc Lipton; Margaret Kitchen; Melvin Wright; Michael Coren; Michael Galligan; Rebecca Fordon; Steffani Chocron; Susan Marttala; Terry Dawes; Thomas Sobol; William Baldiga; Alan J. Bozer; Alan Winchester; Allen Neely; Brady Hermann; Brett J. Bean; C. Houston Foppiano; Clinton R. Shaw; Cynthia A. Palin; Daniel M. Rabinovitz; Daniel Tranen; David E. Fialkow; David H. Batten; Emmitee H. Griggs; Hoffman, Eric; Frederick H. Fern; G. Adam Moyers; Geoffrey M. Coan; Halley M. Stephens; Heidi A. Nadel; Jack R. Reinholtz; Jason D. Lewis; Jay Blumberg; Jessica Saunders Eichel; Joanna J. Chen; John M. Lovely; Joseph P. Thomas; Joseph R. Lang; Joshua A. Klarfeld; Judi Abbott Curry; Kenneth B. Walton; Kristen R. Ragosta; Greer, Marcy; Mark E. Anderson; Martin Hyman; Mary-Rose Watson; Matthew Daly; Matthew E. Mantalos; Matthew P. Moriarty; Melinda L. Thompson; Michael Gardner; Nicki Samson; Paul Saltzman; Richard A. Dean; Robert A. Curley , Jr.; Ryan Ciporkin; Scott H. Kremer; Scott J. Tucker; Sean E. Capplis; Stephen A. Grossman; Theresa A. Domenico; Thomas Althauser; Thomas W. Coffey; Timothy J. Dardas; William E. Christie; Puig, Yvonne K.; Chris J. Tardio
(chris@gideoncooper.com<mailto:chris@gideoncooper.com>); Puig, Yvonne K.; Sarah Kelly
(SKelly@nutter.com<mailto:SKelly@nutter.com>); 'lhollabaugh@babc.com<mailto:lhollabaugh@babc.com>'
(lhollabaugh@babc.com<mailto:lhollabaugh@babc.com>); Hoffman, Eric; Greer, Marcy; C.J. Gideon; Chris Tardio; Daniel Clayton; Daniel M. Rabinovitz; Edgar Taylor, III; Elizabeth Cabraser; Frederick H. Fern; George Nolan; Gerard Stranch; J. Kyle Roby; Jason Denton; John O. Belcher; Joseph P. Thomas; Kurt W. Maier; Larry Lamont Crain; Marc Lipton; Mark Chalos; Mark Zamora; Matthew P. Moriarty; Melinda L. Thompson; Nathan Hunt; Nicki Samson; Patrick Fennell; Paul J. Krog; Randall Kinnard; Rebecca Blair; Richard A. Dean; Robert H. Gaynor; Thomas Sobol; Thomas W. Coffey; William Daniel Leader, Jr.; William Hance Lassier, Jr.; Fredric Ellis;
jjblumberg@blumberglawoffices.com<mailto:jjblumberg@blumberglawoffices.com>,
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cwolk@blumberglawoffices.com<mailto:cwolk@blumberglawoffices.com>
Cc: Gerard Stranch; Kim Dougherty; Marc E. Lipton; Mark P. Chalos; Mark Zamora; Patrick T. Fennell; Fredric Ellis; Thomas Sobol
Subject: Meet and Confer Conference

All,

We will hold an additional meet and confer on Thursday January 16, 2014 at 12 est/11 cst to address the issues raised by Judge Boal's order of January 7, 2014 and the issues raised by Judge Saylor at last Friday's status conference. Once again we recirculate the proposed deposition, ESI protocols, and a working draft (with comments) of the PSC's proposed profile form for your comment and review. This call is open to all defense counsel who have appeared in the MDL Court. We encourage anyone interested in providing input on the any of these forms to be used in this litigation to participate.

To the extent that you wish to make edits, please do so in a redline and send to Kim Dougherty, Mark Zamora, and me before the call.

The dial in for the call is:

866-528-2256
Code: 4421223

Warmest Regards,

Ben Gastel
Branstetter, Stranch & Jennings, PLLC

227 Second Ave. N.
Fourth Floor
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F: 615.255.5419

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<Granuflo filed PFS (word).docx>

IN RE: NEW ENGLAND COMPOUNDING PHARMACY INC.

CONFIDENTIAL PERSONAL INJURY OR WRONGFUL DEATH CLAIM FACT SHEET

**IMPORTANT - DO NOT FILE THIS DOCUMENT WITH THE COURT - SEE
SPECIAL INSTRUCTIONS TITLED "NOTICE OF DEADLINES FOR FILING
CLAIMS AND CLAIM PROCEDURES."**

Please provide the following information **TO THE BEST OF YOUR ABILITY** for each individual making a claim about exposure to New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center ("NECC") products. ~~More information, including a list of NECC products, is available at http://www.fda.gov/hai/outbreaks/meningitis/facilities_map.html and <http://www.donlinerecano.com/neep>.~~ SEE SPECIAL INSTRUCTIONS ENTITLED "**NOTICE OF DEADLINES FOR FILING CLAIMS AND CLAIMS PROCEDURES.**" You will need to submit this Fact Sheet by _____ 2013 at 4:00 p.m. (prevailing Eastern Time) or within 60 days of filing your Complaint if you have not already filed it.

- "You" used in this Fact Sheet means the person who was exposed to NECC products.
- "Product" means any medication or solution compounded by NECC.
- In filling out any section or sub-section of this Fact Sheet, please submit additional sheets as necessary to provide complete information.
- If, at a later date, you learn that any of your responses are incomplete or incorrect, please submit that information as soon as you become aware of it. In addition, supplemental information and documentation will likely be requested after you submit this initial Fact Sheet.

In completing this Fact Sheet, you are considered to have done so under oath. You must provide information that is true and correct to the best of your knowledge, information, and belief. If information is not known, remembered, or available, please indicate that in the appropriate location.

~~After reviewing your Fact Sheet, additional information and documentation will likely be requested from you. Please contact the your attorney immediately if you need to correct any of your answers or can provide more complete information. You may and should consult with your attorney regarding completing this Fact Sheet. IF YOU ARE NOT REPRESENTED BY COUNSEL OR OTHERWISE ARE UNABLE TO FURNISH ANY OF THE INFORMATION REQUESTED, PLEASE PROVIDE AS MUCH OF THE INFORMATION AS YOU CAN.~~

Please Do Not Contact the Court With Any Questions or for Additional Information

I. CASE INFORMATION

| 1. Name of person who was injured or died on whose behalf a claim is being made (first, middle name or initial, last), including maiden or other names used:

a. Were you (or the person identified above) administered the steroid methylprednisolone acetate?

Yes No Do Not Know

b. Were you (or the person identified above) administered another NECC Product?

Yes No Do Not Know

If yes, please identify: _____

2. Name of person signing this form, if different from above:

a. Relationship of signer to party on behalf of whom claim is being made (such as spouse, parent, family member, adult child, guardian):

b. If the person completing this Fact Sheet is completing this questionnaire in a representative capacity (e.g., on behalf of the estate of a deceased person or a minor) ("Representative"), please complete the following:

1. Representative's Social Security Number (Last 4 digits ONLY):

XXX-XX-_____

2.1. Maiden or other names used or by which Representative has been known:

2.2. Address of the Representative:

3. State which individual or estate the Representative is representing, and in what capacity the Representative is representing the individual or estate (guardian, administrator, executor, etc.)?

5.4. If appointed as a Representative by a court, please identify the court:

Date of Appointment: _____

6.5. What is the familial or other relationship between the Representative and the deceased or represented person, or person claimed to be injured? _____

7.6. If the Representative is representing a decedent's estate, please state the date of death, the address where the decedent died, and the cause of death and attach a copy of the death certificate if available: _____

3. Please check the injuries you sustained as a result of exposure to the NECC Product(s):

- a. Death
- b. Fungal Meningitis
- c. Arachnoiditis (persistent nerve pain)
- d. Phlegmon (persistent nerve pain at base of spine)
- e. Osteomyelitis (infection in bone, including vertebral or diskitis)
- f. Sacroiliitis (pain at base of spine)
- g. Peripheral Joint Pain (at site of injection)
- h. Septic Arthritis
- i. Epidural Abscess
- j. Stroke or stroke like symptoms (Cerebral Vascular Accident)
- k. Lumbar Puncture (Spinal Tap), Subsequent Treatment
- l. Lumbar Puncture (Spinal Tap), No Subsequent Treatment
- m. Infection of any kind, describe if known:
- n. Injection only, no symptoms or treatment
- o. Other (describe): _____

(Attach additional sheets if necessary to describe.)

| 4. Was any lawsuit or civil action initiated started-based on your exposure to an NECC Product, including any claiming wrongful death or claiming on behalf of an estate or survivors?

Yes No

If Yes, please state:

a. Case Caption:

b. Court and Docket Number:

c. Name, address, telephone number, fax number and e-mail address of attorney representing you, if you know:

Attorney Name: _____

Firm Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

*****The Rest of This Form Requests Information About The Person Exposed to the Product*****

H. PERSONAL INFORMATION

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5. [moved to part IV] Maiden name and other names used or by which you have been known:

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6. Social Security Number (*Last 4 digits ONLY*): XXX-XX _____

7. Date and Place of Birth:

8. Sex: Male Female

9. Driver's License Number and State Issuing License: _____

10. Current address and date(s) when you lived at this address:

41. Identify each address at which you have resided during the last TEN (10) years, and list when you started and stopped living at each one:

Address	Dates of Residence

42.

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III.II. EMPLOYMENT INFORMATION

43.5. Are you making a claim to have lost money for any reason in the past (e.g., for past lost wages) or will in the future (e.g., lost earning capacity) or other economic loss, other than for payments for medical care because of your injuries**bills?** Yes No

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44.6. If you answered "Yes" to Question 45 or you are not sure, then answer the next three questions.

a. Current employer (if not currently employed, last employer):

Name	Address	Dates of Employment	Occupation/ <u>Title</u> <u>Job Duties</u>

b. List the following for each employer you have had since January 1, 2004in the last TEN (10) years:

Name	Address	Dates of Employment	Occupation/ <u>Title</u> <u>Job Duties</u>

45.7. Are you making a wage loss claim for either your present or previous employment?
 Yes No

If you claim to have lost more than \$25,000 in your response to Question 5, answered "Yes,"
please provide:

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a. Your annual income at the time of the injury/injuries alleged above to have been caused
by your exposure to the NECC Product: _____

b. Your annual income presently: _____

c. The total amount of gross income you claim to have lost as a result of injuries you
associate with your exposure to the NECC Product:
If ongoing, please so state.

e.d. An explanation as to how you calculated the amount you claim to have lost.

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d.e. A narrative description of how you calculated the total amount in Question 17c above:

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16.8. Have you ever served in the military, including the military reserve or national guard?

Yes No

If you answered "Yes," answer the following question: Were you ever rejected or discharged
from military service for any reason? Yes No If you answered "yes," and the discharge
was anything other than honorable discharge, to the best of your knowledge please state the
reason for your rejection or discharge:

IV-III. INSURANCE/DISABILITY

17.9 Have you ever received filed a social security disability (SSI or SSD) award for a permanent
disability claim? Yes No

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If you answered "Yes," to the best of your knowledge please state:

Year claim was filed: _____

Nature of disability: _____

Approximate period of disability: _____

10. In the last ten years, have you received short-term disability benefits for a period of more than 60
days or applied for long-term social security disability (SSI or SSD) benefits? Yes No

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If you answered "Yes," to the best of your knowledge please state:

Year claim was filed: _____

Nature of disability: _____

Approximate period of disability: _____

11. Have you filed a disability claim with any local/state/federal agency? Yes No

If Yes, when? _____

18. 12. Have you filed a disability claim with any private insurance company or local/state/federal agency? Yes No

If Yes, when? _____

19. 13. Have you ever filed a worker's compensation claim? Yes No If you answered "Yes," to the best of your knowledge please state:

Year claim was filed: _____

Nature of claim: _____

Approximate period of disability: _____

20. 14. In the last 10 years, have you been out of work for more than 30 days for reason related to your health (other than pregnancy)? Yes No If you answered "Yes," set forth when and the reason.

21. 15. Other than the present suit, have you ever filed a lawsuit or in the last ten years settled or made a written demand for payment relating to made a claim relating to any for bodily injury? Yes No If you answered "Yes," state to the best of your knowledge the court in which such action was filed, case name and/or names of adverse parties, and a brief description of the claims asserted.

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22.16. Did you have medical insurance for treatment rendered as a result of your exposure to any NECC recalled product in this case?

Yes No

a. If Yes, please provide the following information for each insurance company. If more than one, please provide information for all:

Name of Health Insurance and/or coordinator of benefits/plan administrator:

Policy Number: _____

Name of Subscriber: _____

b. If you have Medicare or Medicaid coverage, please state your ID number:

c. Has any insurance company asserted a lien on your recovery?

Yes No Don't know

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If Yes, please provide the name and address of the entity asserting the lienholder:

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V.IV. BACKGROUND AND FAMILY INFORMATION

17. Maiden name and other names used or by which you have been known:

18. Social Security Number (Last 4 digits ONLY): XXX-XX-_____

19. Date and Place of Birth:

20. Sex: Male Female

21. Driver's License Number and State Issuing License:

22. Identify your current address and each address at which you have resided since January 1, 2004, and list when you started and stopped living at each one:

<u>Address</u>	<u>Dates of Residence</u>

<u>Address</u>	<u>Dates of Residence</u>

23. Identify the highest level of education (high school, college, university or other educational institution) you have attended (even if not completed), the dates of attendance, courses of study pursued, and diplomas or degrees awarded:

<u>Institution</u>	<u>Dates Attended</u>	<u>Course of Study</u>	<u>Diplomas or Degrees</u>

24.

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24. As an adult, have you ever been convicted or plead guilty to a felony or a crime of fraud, dishonesty, or moral turpitude? Yes No If you answered "Yes," describe where, when and the felony and/or crime. _____

25. Are you married? Yes No.

25-26. List for each marriage the name of your spouse; spouse's date of birth (for your current spouse only); spouse's current employer and occupation; date of marriage; date the marriage ended, if applicable; and how the marriage ended (e.g., divorce, annulment, death): _____

26-27. Has your spouse or any other family member filed a loss of consortium claim in this action?

Yes No If you answered "Yes," state the name of your spouse or family member(s) filing the loss of consortium claim and their relationship to you. _____

28. If applicable, for each of your children, list his/her name and age. _____

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| 27-29. To the best of your knowledge, has any child, parent, sibling or grandparent of yours been diagnosed with any form of immune disorder (e.g., HIV, AIDS,) or auto-immune disorder (Crohn's disease, lupus, etc.)? Yes No If you answered "Yes," identify each such person below and provide the information requested.

Name: _____

Current Age (or Age at Death): _____

Type of Disease: _____

If Applicable, Cause of Death: _____

| 28-30. To the best of your knowledge, did any child, parent, sibling, or grandparent of yours suffer from any of the following: arthritis/joint pain, chronic pain, diabetes, heart attack, cardiac disease, high cholesterol, high blood pressure, blood clots, coronary artery disease, congestive heart failure, deep vein thrombosis, vascular disease, transient ischemic attack, or stroke?

Yes No Don't Know If you answered "Yes," identify each such person below and provide the information requested.

Name: _____

Current Age (or Age at Death): _____

Type of Problem: _____

If Applicable, Cause of Death: _____

| 29-31. If applicable, for each of your children, list his/her name, age and address:

If the person who was allegedly injured as a result of being exposed to the NECC Product is deceased, list any and all heirs of the decedent:

| 30-32. Are there persons (other than those already identified in this Fact Sheet) you believe are witnesses to your claimed injuries or the damages? If so, please provide their name(s) and address(es):

VI.V. MEDICAL INFORMATION

31.33. Date(s) you were administered or used an NECC Product:

32.34. Hospital/clinic/physician's office where you were administered the NECC Product:

Name: _____

Full Address:

33.35. Physician(s) who administered the NECC Product:

Name: _____

Full Address:

34.36. What medical condition(s) did you have for which you were treated with the NECC Product (for example, osteoarthritis, back injury, etc.)?

35.37. Identify your treating physician for the condition(s) in the preceding question if that physician is different from the one who administered the NECC Product:

Name: _____

Full Address:

36.38. Have you received other steroid injections with products manufactured or compounded by entities other than NECC? Yes No If you answered "Yes," state the product(s) and, if known, the entities which manufactured or compounded the products: _____

37.39. If you claim to have experienced symptoms or injuries from the administration of the NECC Product, when did you first experience symptoms and what symptoms did you have? _____

38.40. Have you been tested for meningitis or fungal infection? Yes No

a. If Yes, provide:

1. Where? Name and full address of facility: _____

2. When? Date(s) of tests:

3. Have you had a lumbar puncture/spinal tap since your exposure to an NECC Product? Yes No

| 39-41. Has a doctor diagnosed any of the problems you listed in response to previous questions as caused by an NECC Product? If so, please identify the health care provider and when they diagnosed you as having suffered injury due to the NECC Product and provide his or her full address. Who, if anyone, diagnosed your condition(s) that you claim is associated with your exposure to an NECC Product? If you identify anyone in response to this question, please identify that person by name and full address: _____

| 40-42. Are any of the conditions you describe in response to Question 3 still affecting you?
 Yes No

If Yes, please describe: _____

| 41-43. Are you claiming that you have suffered or may develop bodily injury/injuries as a result of exposure to an NECC Product? Yes No If you answered "Yes," then please answer the following questions:

a. Who, if anyone, diagnosed your condition(s) that you claim is associated with your exposure to an NECC Product in Question 3? _____

b. Has any health care provider told you, your agents, representatives or anyone acting on your behalf, orally or in writing, that any of the injuries, damages or conditions that you identified in response to Question 3 are due to exposure to an NECC Product?
 Yes No If you answered "Yes," then state and describe:

1. What you (or your agents, representatives or anyone acting on your behalf) were told: _____

2. Who told you (or your agents, representatives or anyone acting on your behalf) and when: _____

3. Have you ever suffered this type of injury/injuries prior to the date set forth in answer to the prior question? Yes No If you answered "Yes," when and who diagnosed the condition(s) at that time? _____

| 42-44. Do you claim that your exposure to an NECC Product made a condition(s) or injury that you already had or had in the past worse? Yes No If you answered "Yes," set forth the injury or condition; state how you allege the NECC Product made the injury or condition worse; whether or not you had already recovered from that injury or condition before you were exposed to the NECC Product; and the date of recovery, if any. _____

| 43-45. Are you claiming mental and/or emotional damages as a consequence of exposure to the NECC Product?
 Yes No If you answered "Yes," for each provider (including, but not limited to a primary care physician, psychiatrist, psychologist, counselor, or therapist) from whom you have sought treatment for psychological, psychiatric, emotional, and/or marital problems since January 1, 2004 during the last TEN (10) years, state:

a. Name and address of each person who treated you: _____

b. To your understanding, the condition(s) for which you were treated: _____

c. When you were treated: _____

d. Medications prescribed or recommended by provider: _____

VII.VI. COMMUNICATIONS WITH HEALTHCARE PROVIDERS

| 44-46. Do you remember any communication that you have had with a Healthcare Provider employee or representative related to the NECC Product?

Yes No If you answered "Yes," please identify each employee or representative:

a. Who? _____

b. When? _____

c. To the best of your ability, please describe each communication with a Healthcare Provider employee(s) or representative(s) related to the NECC Product:

VIII.VII. MEDICAL BACKGROUND

45.47. What is your ~~current~~ height? _____

46.48. What is your ~~current~~ weight? _____

47.49. Smoking/Tobacco Use History: Check the answer and fill in the blanks applicable to your history of smoking and/or tobacco use.

- Never smoked cigarettes/cigars/pipe tobacco or used chewing tobacco/snuff.
- Past smoker of cigarettes/cigars/pipe tobacco or used chewing tobacco/snuff.
 - a. Date on which smoking/tobacco use ceased: _____
 - b. Amount smoked or used: on average _____ per day for _____ years.
- Current smoker of cigarettes/cigars/pipe tobacco or user of chewing tobacco/snuff.
 - a. Amount smoked or used: on average _____ per day for _____ years.

| 48.50. Alcohol Use: Do you now drink or have you in the past TEN (10) years drunk alcohol (beer, wine, whiskey, etc.)? Yes No If you answered "Yes," fill in the appropriate blank with the number of drinks that represents your average alcohol consumption during the past TEN (10) years:

_____ drinks per day,
_____ drinks per week,
_____ drinks per month, *or*

Other (describe): _____

| 49.51. Illicit Drugs: Have you used any illicit drugs of any kind (including injectable drugs) within one (1) year before, or any time after, you received an NECC Product? Yes No If you answered "Yes," identify each substance and state when you first and last used it. _____

50.52. Have you been diagnosed with any form of immune disorder (including HIV/AIDS) or autoimmune disorder (including lupus, Inflammatory Bowel Syndrome, Crohn's disease, ulcerative colitis, mixed connective tissue disease)? Yes No If you answered "Yes," provide the following information:

Condition	Date Diagnosed	When	Diagnos	Treating Physician

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51.53. To the best of your knowledge, since January 1, 2004 during the past TEN (10) years, have you ever suffered from or been diagnosed by a doctor or other health care provider with:

	Yes	No	Don't Recall
a. High cholesterol	—	—	—
b. Hypertension/high blood pressure	—	—	—
c. Obesity	—	—	—
d. Diabetes	—	—	—
e. Neuropathy	—	—	—
f. Thyroid disorder	—	—	—
g. Arthritis/joint pain	—	—	—
h. Chronic pain	—	—	—
i. Autoimmune disease (including HIV, AIDS, or Crohn's disease)	—	—	—
j. Congestive heart failure	—	—	—
k. Myocardial infarction (MI), heart attack, or other heart disease	—	—	—
l. Stroke or transient ischemic attacks (TIAs)	—	—	—
m. Chronic obstructive pulmonary disease (COPD) or other respiratory disorder	—	—	—
n. Liver disease or jaundice	—	—	—
o. Metabolic syndrome	—	—	—
p. Enlarged prostate	—	—	—
q. Arteriosclerosis (hardening of the arteries) or other vascular disease	—	—	—
r. Osteomyelitis	—	—	—
s. Spinal abscess	—	—	—
t. Cirrhosis—Depression or emotional issues requiring medication	—	—	—
u. Hepatitis	—	—	—
v. Kidney failure (end stage renal failure, dialysis)	—	—	—
w. Depression	—	—	—

If you answered "yes" to any of the conditions above, provide the following information for each condition:

Type of Condition	Date of Diagnosis	Diagnosing Doctor

§2.54. Have you taken any of the following medications since January 1, 2004 over the last TEN (10) years:

	Yes	No	Don't Recall
a. Insulin or glucose-lowering agents			
b. Narcotic pain relievers			
c. Analgesics			
d. Non-steroid anti-inflammatory agents			
e. Muscle relaxers			
f. Over-the-counter (non-prescribed) pain relievers			
g. Lipid-lowering agents (e.g., statins)			
h. Disease-modifying agents (e.g., monoclonal antibodies, such as Enbrel)			
i. Hypertension medications			
j. Insulin or other glucose lowering agents			
k. Steroids of any kind (including gluco-cortico steroids)			
l. Fungal medications (e.g., methotrexate)			
m. Injectable products of any kind: Please specify:			

§3.55. Please list each hospitalization you have had since January 1, 2004 time you remember being hospitalized in the TEN (10) years:

Date	Name of Hospital	Reason for Hospitalization

**IX.VIII. LIST OF MEDICAL PROVIDERS AND OTHER SOURCES
OF INFORMATION**

List the name and address of each of the following:

§4.56. To the best of your ability, identify each your current family and/or primary care physician, as well as any doctor you have been treated by since January 1, 2004 and each of your primary care physicians for the last TEN (10) years:

Name	Address	Approximate Treatment Dates

§5.57. Each hospital, clinic, health care facility, or health care provider where you have received inpatient or outpatient treatment (including treatment in an emergency room) since January 1, 2004 during the last TEN (10) years:

Name	Address	Admission Dates	Reason for Admission

§6.58. Each physician or health care provider from whom you have received treatment since January 1, 2004 in the last TEN (10) years who is not otherwise identified in this Plaintiff Fact Sheet:

Name	Address	Dates of Treatment

§7.59. Each pharmacy that has dispensed medication to you since January 1, 2004 in the last TEN (10) years:

Name	Address

X.IX. DOCUMENTS

Please produce any of the following documents and things that are currently in your possession, custody, or control, or in the possession, custody, or control of your lawyers. Please attach all non-privileged documents and things to your responses to this Fact Sheet.

1. All documents you or anyone acting your behalf reviewed in preparation of this Fact Sheet.
2. Records of physicians, hospitals, pharmacies, and other healthcare providers identified in response to this Fact Sheet.
3. To the extent not included in the foregoing, all records relating to any examination of the individual exposed to the NECC Product by a physician or other health care provider, conducted for any purpose since January 1, 2004 during the past TEN (10) years.
4. If this Fact Sheet was completed by a Representative, instruments or other documents authorizing or empowering the Representative to act on behalf of the person claiming injury.
5. Death certificate, if applicable, as requested above.
6. If the individual exposed to the NECC Product has been the claimant or subject of any worker's compensation, Social Security or other disability proceeding, all documents relating to such proceeding.
7. Copies of all documents from physicians, health care providers or others relating to the exposure to the NECC Product, or to any condition you claim is related to the exposure to the NECC Product.
8. All documents constituting, concerning or relating to product warnings or other materials provided to the individual exposed to the NECC Product or his or her agents, representatives or anyone acting on his or her behalf (other than those provided by your attorneys, or produced by the defendants in this case) in connection with the exposure to the NECC Product.
9. Any releases, covenants not to sue, or any other agreement(s) between you and any other person or entity relating in any way to the claims asserted in this lawsuit.
10. All press releases or other public statements made by or on behalf of you relating to this litigation.
11. All documents recording any communications concerning exposure to the NECC Product that you or anyone acting on your behalf had with any governmental body, regulatory agency, trade group, manufacturer or distributor, members of the press or news media, or other person.
12. All statements obtained from or given by any person having knowledge of facts relevant to the subject of this litigation.

13. All documents relating to exposure or any alleged health risks or hazards related to exposure to the NECC Product in your possession at or before the time of the injury alleged in your Complaint (other than those produced by the defendants in this case).
14. All documents you or anyone acting on your behalf (and not your lawyer) obtained directly or indirectly from any defendant (other than those produced by the defendants in this case).
15. All photographs, drawings, journals, slides or videos relating to the injuries alleged in your Complaint.
16. If you are claiming lost wages or loss of earning capacity, any documents that refer, reflect, or relate to your past, present, or future earnings and earnings capacity, including but not limited to W-2s, 1099s, K-1s, tax returns, pay stubs, from the last 5 years.
17. All documents that record, reflect, or relate to any pecuniary loss or other damages, including all out of pocket expense documentation, that you claim resulted from the exposure NECC Product alleged in your Complaint.
18. Any diary entries, calendar entries, date book entries or other documents (including files maintained electronically) that reflect any alleged symptom, adverse reaction, or other injury resulting from the exposure to the NECC Product.
19. All documents referring or relating to any benefits, including, without limitation, Social Security disability benefits or any other disability benefits that you filed for, received, or were denied in connection with any injury or illness.
20. All documents in your possession, or in the possession of your attorneys, that you or your attorneys obtained directly or indirectly from the Defendants, other than documents produced by the Defendants in this litigation.
21. All documents in your possession, or in the possession of your attorneys, that you or your attorneys obtained directly or indirectly from any defendant in this case, other than documents produced in this litigation.

VERIFICATION

I declare under penalty of perjury that the information provided in this plaintiff's Fact Sheet is true and correct to the best of my knowledge, information and belief, that I have supplied all the documents requested in this plaintiff's Fact Sheet, as required above.

Further, I acknowledge that I have an obligation to supplement the above responses if I learn that they are in some material respect incomplete or incorrect.

Signature:

Print or Type Name:
